

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213537898			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: GARTH NEWEL MUSIC CENTER FOUNDATION CORP.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: MICHAEL MCHALE COLLINS 275 W MAIN ST COVINGTON, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ALLEGHANY COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 8/31/2013</p> <p>SCC ID NO: 03624806</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: PO BOX 240</p> <p style="margin-left: 40px;">CITY/ST/ZIP: WARM SPRINGS, VA 24484</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: G. MICHAEL WILDASIN TITLE: PRESIDENT ADDRESS: 536 INDIAN HILL RD. CITY/ST/ZIP/CO: MILLBORO, VA 24460 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: G. MICHAEL WILDASIN TITLE: PRESIDENT ADDRESS: 536 INDIAN HILL RD. CITY/ST/ZIP/CO: MILLBORO, VA 24460	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: LEE F ELLIOTT TITLE: VICE PRESIDENT ADDRESS: PO BOX 356 CITY/ST/ZIP/CO: WARM SPRINGS, VA 24484 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: LEE F ELLIOTT TITLE: VICE PRESIDENT ADDRESS: PO BOX 356 CITY/ST/ZIP/CO: WARM SPRINGS, VA 24484	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LEE F ELLIOTT TITLE: VICE PRESIDENT ADDRESS: PO BOX 356 CITY/ST/ZIP/CO: WARM SPRINGS, VA 24484	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
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NAME: LUCIUS H BRACEY TITLE: DIRECTOR ADDRESS: 724 NORTHWOOD AVE. CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
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NAME:	WILLIAM A FIELDS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 87		
CITY/ST/ZIP/CO:	WARM SPRINGS, VA 24484		
NAME:	JAMES W JENNINGS JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 14125		
CITY/ST/ZIP/CO:	ROANOKE, VA 24038		
NAME:	MARY ELLEN JONES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	162 JONES FARM RD.		
CITY/ST/ZIP/CO:	CHARLESTON, WV 25314		
NAME:	ELLEN KILLOREN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 1120		
CITY/ST/ZIP/CO:	HOT SPRINGS, VA 24445		
NAME:	ELIZABETH MCCARTHY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 29		
CITY/ST/ZIP/CO:	WARM SPRINGS, VA 24484		
NAME:	JANICE MCWILLIAMS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 282		
CITY/ST/ZIP/CO:	WARM SPRINGS, VA 24484		
NAME:	BITTLE W PORTERFIELD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2831 WILTON RD., SW		
CITY/ST/ZIP/CO:	ROANOKE, VA 24014		
NAME:	DAVID TROAST	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	13381 DEERFIELD RD.		
CITY/ST/ZIP/CO:	DEERFIELD, VA 24432		
NAME:	PHILIP M DEEMER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	PO BOX 118		
CITY/ST/ZIP/CO:	HOT SPRINGS, VA 24445		
NAME:	TED ARMBRECHT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	907 CHESTNUT RD		
CITY/ST/ZIP/CO:	CHARLESTON, WV 25314		
NAME:	LEE BRAUER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	486 LITTLE VALLEY RD		
CITY/ST/ZIP/CO:	WARM SPRINGS, VA 24484		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JIM ENGLISH DIRECTOR 484 WEST 34RD ST, APT. 42-M NEW YORK, NY 10036	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CATHY MCGEHEE DIRECTOR 7 BANBURY RD RICHMOND, VA 23221	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ G. MICHAEL WILDASIN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	G. MICHAEL WILDASIN, PRESIDENT PRINTED NAME AND CORPORATE TITLE	8/14/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			